



Building Recovery Capital Through Digital Health Technologies

Nancy A. Roget, MS



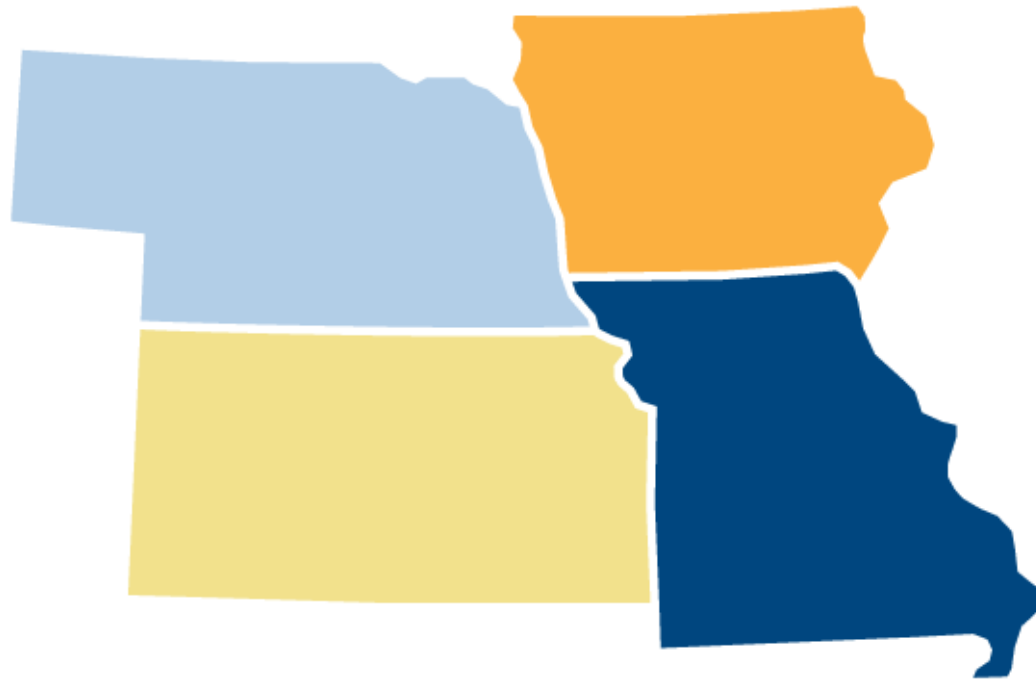
Mid-America (HHS Region 7)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Region 7



Mid-America (HHS Region 7)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Purpose of the Addiction Technology Transfer Centers (ATTCs)

develop and *strengthen* the
workforce that provides addictions
treatment and recovery support services
to those in need





NFAR*tec*
National Frontier and Rural
Telehealth Education Center

Serves as a national subject expert
and key

resource

**to promote the awareness and
implementation of telehealth
technologies to expand access
and enhance treatment and
recovery services, especially in
rural and frontier areas**

Presentation Outline

- 1. Definitions of Recovery & Recovery Capital**
- 2. Digital Immigrants/Natives**
- 3. Peer to Peer Services**
- 4. Terms**
- 5. Recovery Support Technologies**
 - a. Web-based and telephone support groups**
 - b. Social Network Sites**
 - c. Blogs**
 - d. Podcasts**
 - e. Apps**
- 6. Overview of Learning Community Schedule**



Building Recovery Capital

Overall Goal.

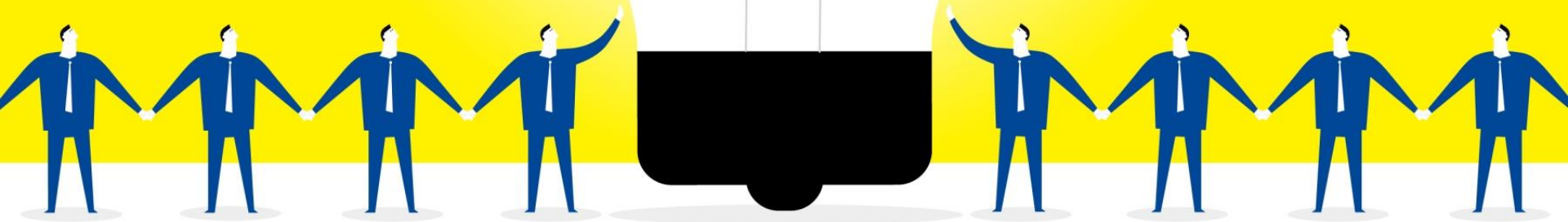
Increase participants' digital health literacy by increasing their knowledge and skills in engaging patients/peers to use digital health technologies that support/ promote recovery from SUDs, health, and wellness.



Digital Health Technologies

LITERACY

**There is a growing consensus
that recovery is more than
simply abstinence from
alcohol and other drugs.**



SAMHSA's working definition of
*Recovery from Mental Disorders and/or
Substance Use Disorders:*

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

SAMHSA

has delineated
4 major dimensions
that support a life in
RECOVERY



Health

- Overcoming or managing one's **DISEASE**(s) or symptoms
- Making informed, healthy choices that support physical and emotional well-being



Home

**Having a
SAFE and STABLE
place to live**

(<http://www.samhsa.gov/recovery>)



Purpose

- Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors
- Having the independence, income, and resources to **PARTICIPATE IN SOCIETY**

A person wearing a grey sweater is shown in profile, looking down at a smartphone held in their hands. The background is a bright, out-of-focus indoor setting, possibly a cafe or office. The text is overlaid on the right side of the image.

Community

Having
RELATIONSHIPS and
SOCIAL NETWORKS
that provide
support, friendship,
love, and hope

(<http://www.samhsa.gov/recovery>)

The **essence of recovery** is a lived experience of

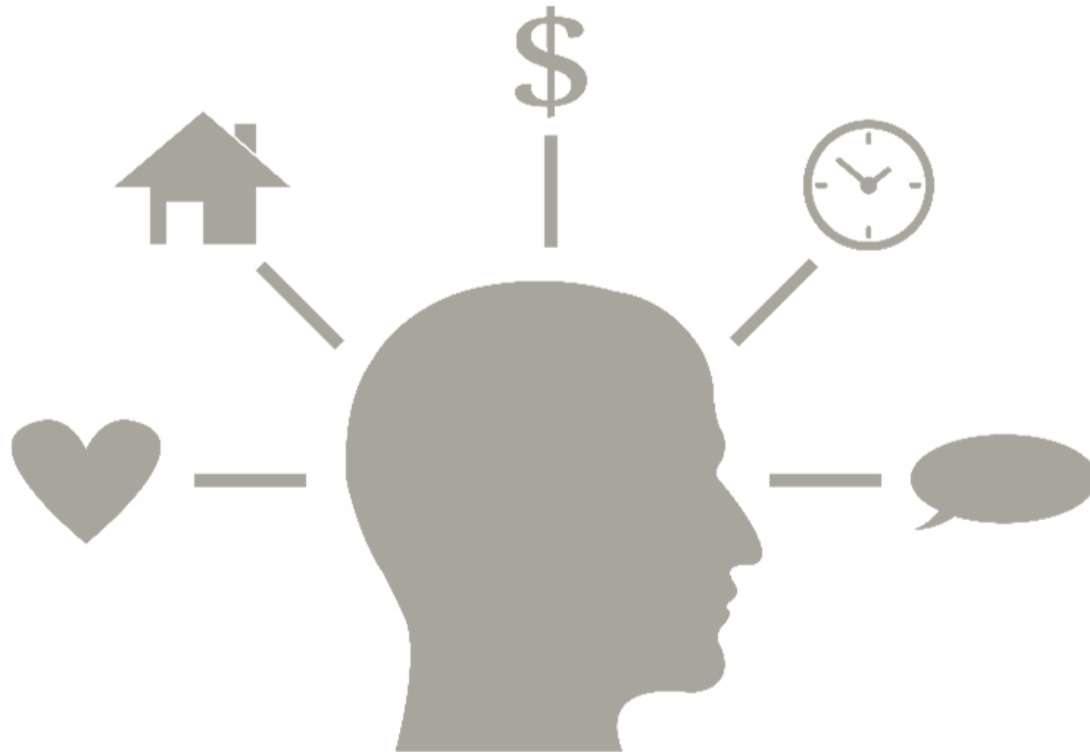
improved life quality and a sense of empowerment; ...

Principles of recovery should focus on the central ideas of **hope, choice, freedom, and aspiration** are experienced rather than diagnosed and occur in real life settings....

Recovery is a **process** rather than an end state, with the goal being an ongoing quest for a better life... rather than just focused on abstinence.



‘recovery capital’ refers to the sum of resources necessary to initiate and sustain recovery from substance misuse



Key Components of Recovery Capital

Social capital – the sum of resources each person has as a result of their relationships, and includes both support from and obligations

Physical capital – tangible assets, such as property and money

Human capital – the skills, positive health, aspirations and hopes, and personal resources that will enable the individual to prosper

Cultural capital – the values, beliefs and attitudes that link to social conformity

Recovery Capital Problem Severity Matrix

High Recovery Capital

High Problem Severity/
Complexity

Low Problem Severity/
Complexity

Low Recovery Capital

Recovery Capital Scales

- 35 item scale
- Rates areas of their life that relate to recovery capital

Examples of Questions

- I have the financial resources to provide for myself and my family.
- I have personal transportation or access to public transportation.
- I live in a home and neighborhood that is safe and secure.
- I live in an environment free from alcohol and other drugs.
- I have an intimate partner supportive of my recovery process.
- I have family members who are supportive of my recovery.

- I have access to Online recovery support groups.

Two Newer Assessments

- Assessment of Recovery Capital-50 items
- Brief Assessment of Recovery Capital BARC-10 items

recovery champions may be the key contagion that allows the 'viral spread' of recovery capital



So ...

**How do you build *recovery capital*
when you live in rural/frontier areas
especially when...**

Higher rates of substance use in rural communities have been well-documented.



(Martino et al., 2008; Small et al., 2010; Shannon et al., 2010; Gamm et al., 2003; Jackson et al., 2006; Lamberts et al., 2008; Blazer et al., 1987; Jackson, 2012)

Individuals in rural communities have unique barriers to treatment and recovery services



(Fortney & Booth, 2001; Fortney, 2011; Browne, et al., 2015)



**And in urban
areas...**

**when there may be limited
access to public transportation..**



In both urban and rural areas individuals may have to spend a lot of 'windshield time' traveling to and from treatment and recovery support services.



(Beardsley et al., 2003 Browne et al., 2015)

One Answer...

Digital Health Technologies



**Technology has the potential to narrow the
“access gap” to behavioral health
interventions and reduce health disparities in
disadvantaged and hard-to-reach populations**



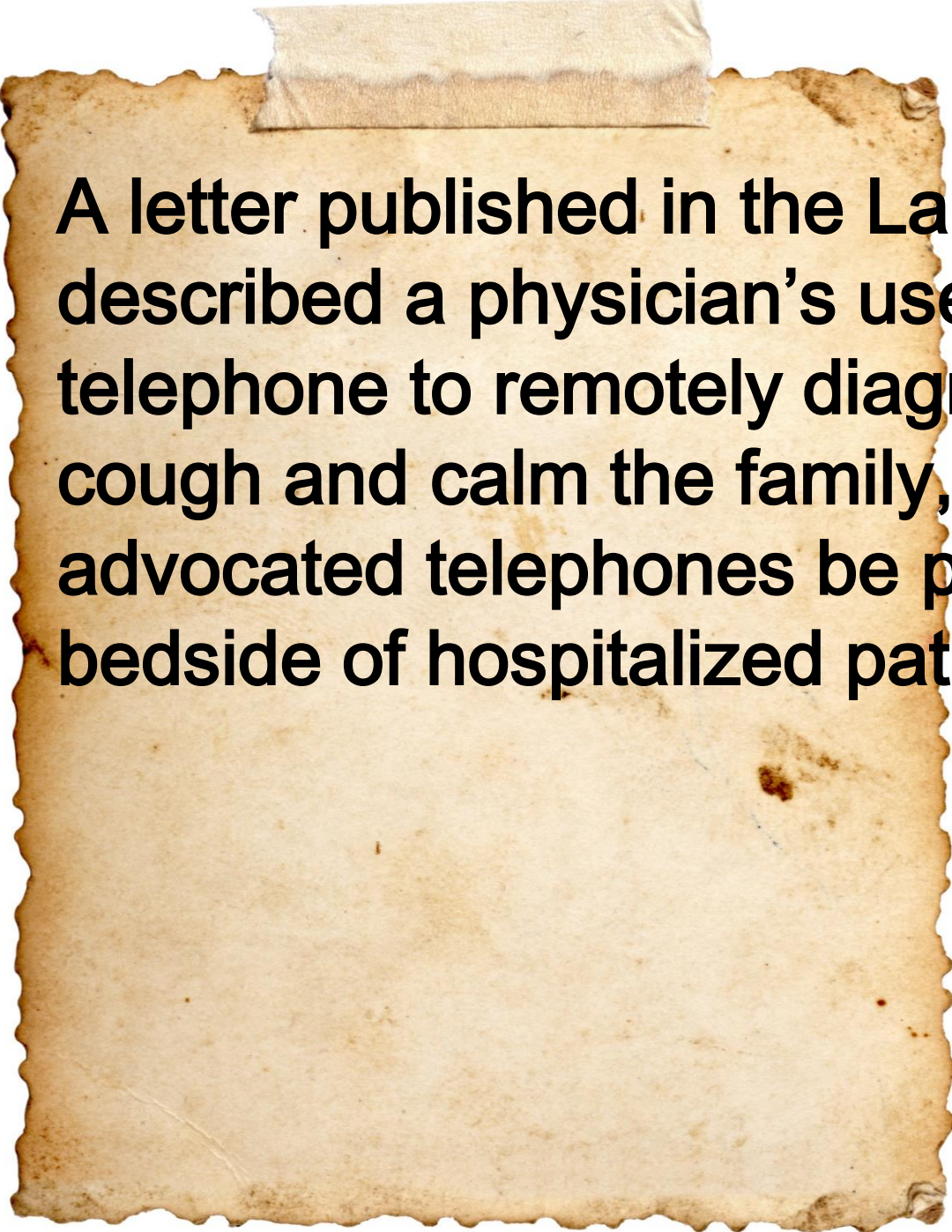
(Gibbons et al., 2011)

**Using technology to
deliver health services
is not new**



1879

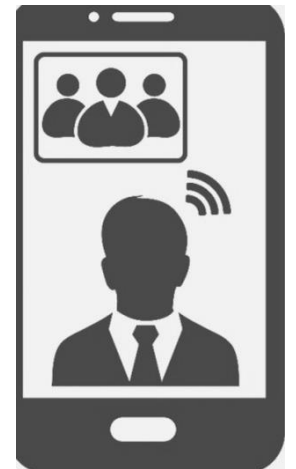
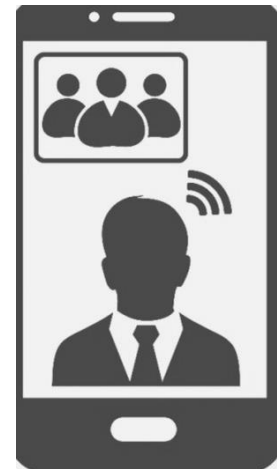
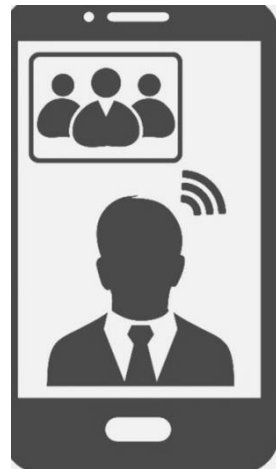
(Aronson, 1977; IOM, 2012)



A letter published in the Lancet in 1879 described a physician's use of the telephone to remotely diagnose a child's cough and calm the family, while another advocated telephones be placed at the bedside of hospitalized patients for support.

Use of **online** and **mobile technologies** is increasingly ubiquitous across age, race/ethnicity, and geography.

Increasingly, consumers rely on Internet- and smartphone-based tools for health information and tracking.



11% of US Population Does not Use the Internet

PEW- January 2018

Offline population has declined substantially since 2000

% of U.S. adults who do not use the internet

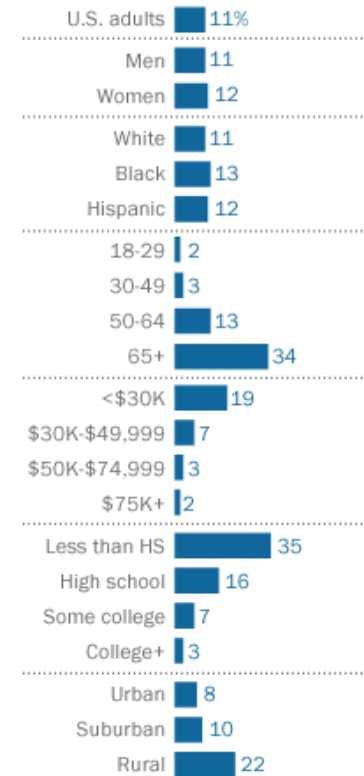


Source: Survey conducted Jan. 3-10, 2018. Trend data from previous Pew Research Center surveys.

PEW RESEARCH CENTER

Who's not online?

% of U.S. adults who do not use the internet (2018)



Note: Whites and blacks include only non-Hispanics.

Source: Survey conducted Jan. 3-10, 2018.

PEW RESEARCH CENTER

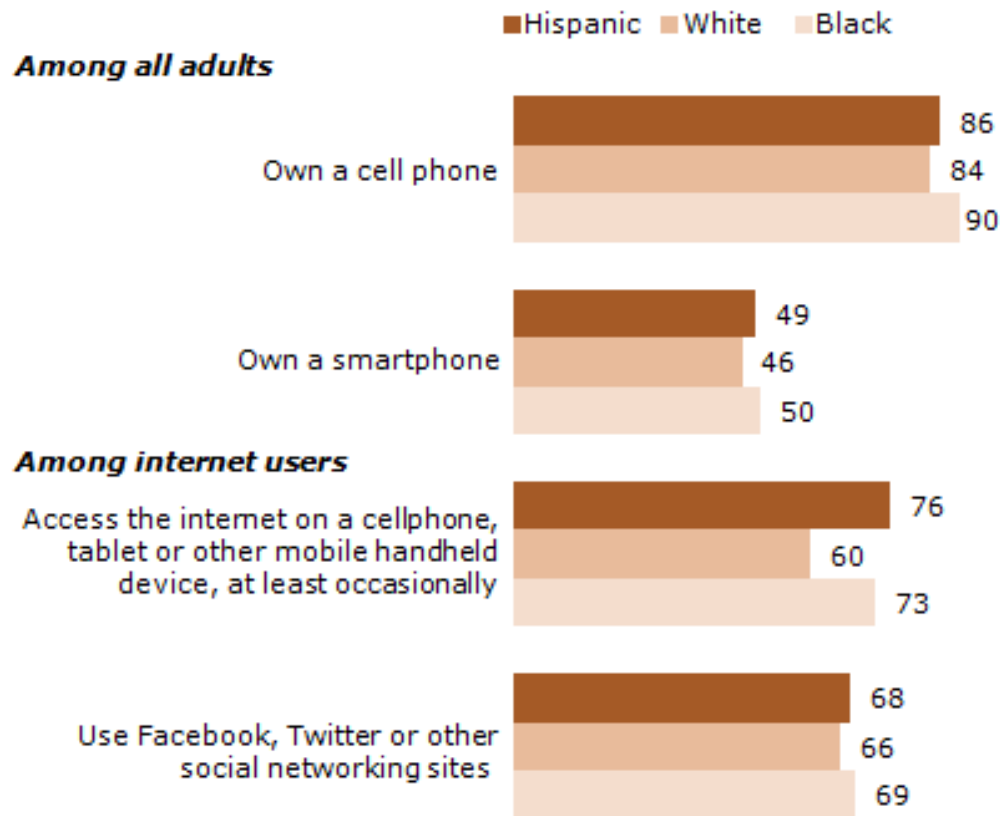
Several studies have shown promise that the digital divide may be gradually closing as the Internet and mobile technology become more readily accessible to underserved populations.

<http://www.pewhispanic.org/2013/03/07/closing-the-digital-divide-latinos-and-technology-adoption/>

Figure 2

Smartphone Ownership, Mobile Internet Use, and Social Networking Site Use, 2012

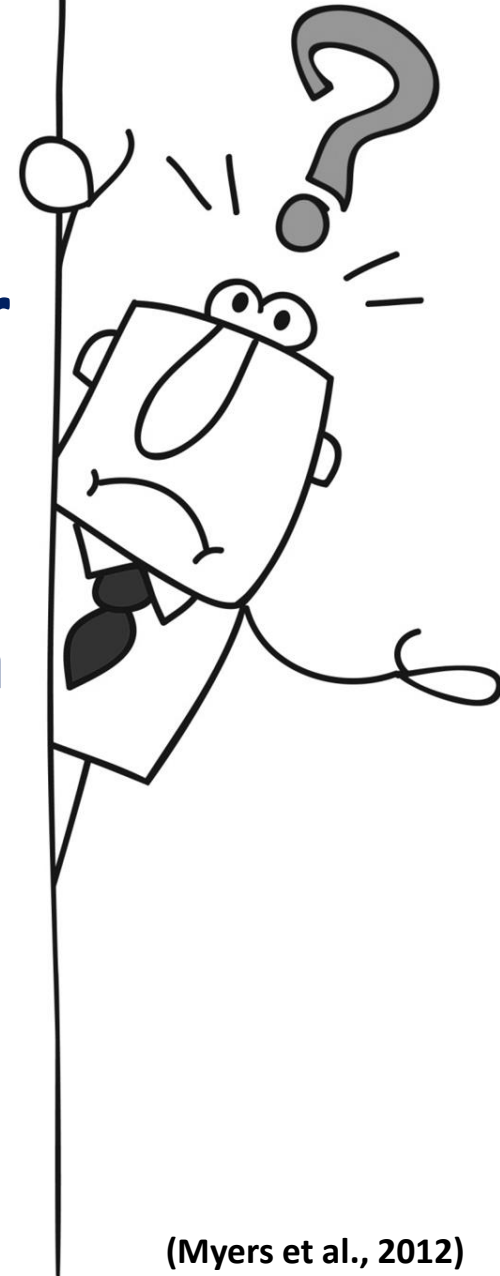
(% saying they ...)



Notes: Blacks and whites include only non-Hispanics. Hispanics are of any race. Smartphone owners are a subset of cellphone owners. An "internet user" is defined as someone who says they either use the internet OR send or receive email at least occasionally.

Source: For Hispanics, Pew Hispanic Center National Survey of Latinos 2012; for whites and blacks, Pew Research Center for the People & the Press June 2012 Biennial Media Consumption Survey and Pew Research Center for the People & the Press February 2012 Political Survey.

Since patients are likely to use technologies, it may be helpful for practitioners to understand the phenomena of technologies, even if they struggle with technologies or are doubtful about their utility.





Digital Immigrants

(Zur, 2012; Prensky, 2001)

Digital Immigrants

... people born before 1964 and who grew up in
a pre-computer world





‘native speakers’ of the digital language of computers, cell phones, video games, and the Internet

Like all immigrants... as Digital Immigrants learn to adapt to their environment, they retain, to some degree, their 'accent' ...



What is your digital accent?

Comparison of Digital Types

Digital Immigrants

- Prefer to talk in-person or on the phone
- Don't text or only sparingly
- Prefer synchronous communication
- Prefer receiving information slowly: linearly, logically, & sequentially
- Prefer reading text (i.e., books) on processing pictures, sounds & video

Digital Natives

- Prefer to talk via chat, text, or messaging thru social media
- Text more than call
- Prefer asynchronous communication
- Prefer receiving information quickly & simultaneously from multiple multimedia & other sources
- Prefer processing /interacting with pictures, graphics, sounds & video before text

Other Digital Types

Ways to sort people other than age

- **Attitudes**
- **Comprehension**
- **Relationships**
- **Practices**
- **Comfort with technology**

DIGITAL DIVIDE



Smartphone ownership and interest in utilizing such to monitor mental health with overall ownership of 62.5% which is slightly higher than the average United States' rate of ownership of 58% in January 2014. Overall patient interest in utilizing smartphones to monitor symptoms was 70.6%. Ramirez, et al., 2016

Younger clinicians and those with smartphones found a PTSD app more usable than older clinicians and those without smartphones.

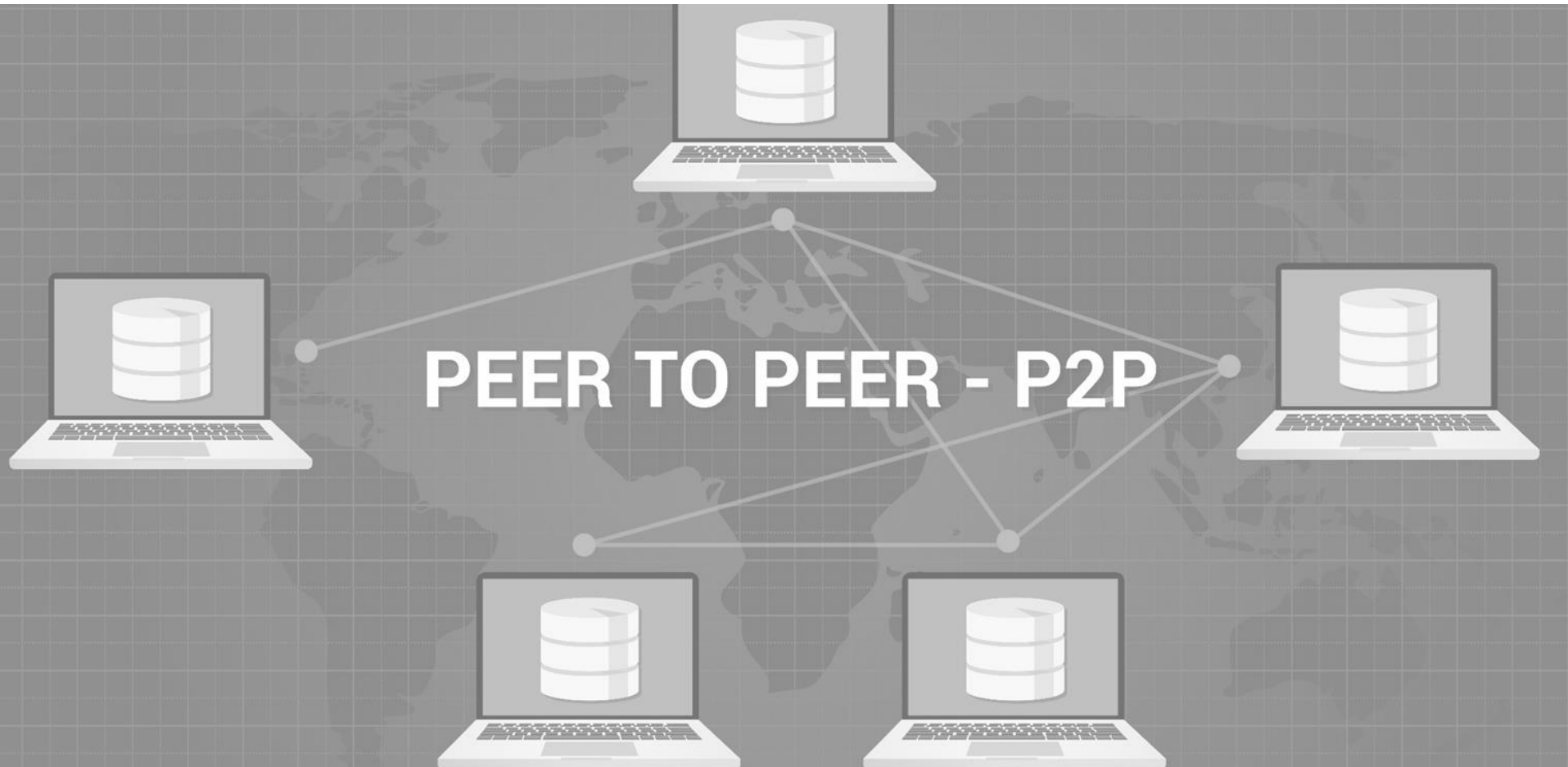
These variables predicted clinicians' intentions to use the app in treatment with veterans.





**Fox refers to
“peer-to-peer health care” as
“the most exciting innovation in
health care today”**

8% of all Internet users had engaged in peer-support by either posting a question or sharing information based on their personal health experience



Current evidence demonstrates that clients use and are interested in using technologies as part of their continuing support



(Moore et al., 2011; Muench et al., 2013; Muench, 2015)

As Fox (2013) suggests, the clinical value of technology lies not in its computing power but in its ability to connect providers to their patients

CONNECT

CONNECT

CONNECT



Pros

- **Convenience**
- **Anonymity**
- **An introduction to care/support**
- **Service to more people**

Pros

- **Lower cost**
- **Interest**
- **24-hour service**
- **Consistency**
- **Support**



Cons

- **Effectiveness**
- **For whom and for what**
- **Guidance**
- **Privacy**
- **Regulation**
- **Overselling**



TERMS

Technology-Based Interventions

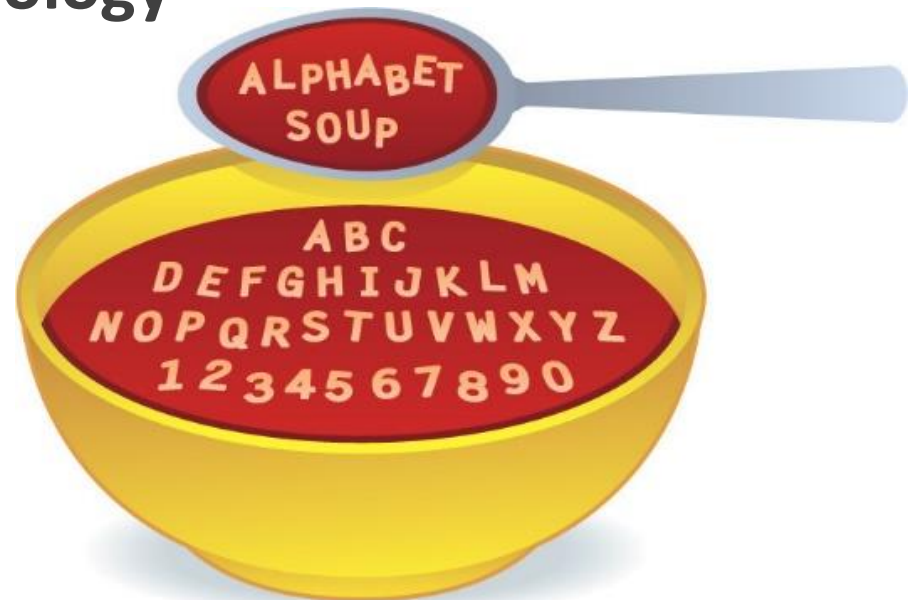
Technology-Assisted Care

Behavioral Intervention Technology

eHealth

Mhealth

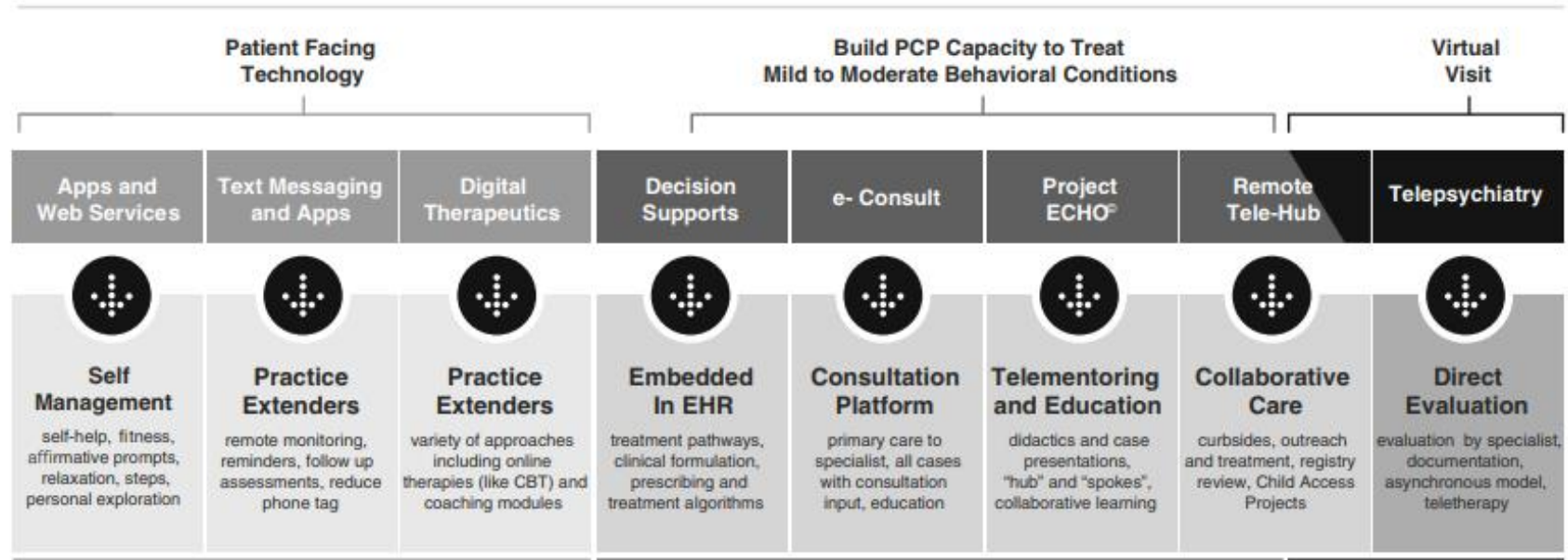
Digital Health Technologies



Technology-based interventions range from simple text-based reminders to complex interactive computer-based counseling interfaces, to smartphones with GPS and biomedical sensors.

Simoni, et al., 2015





© Lori Raney, MD

Fig. 1 Technology-enabled behavioral health services in primary care

3

Technology-Based Interventions have been validated recently through funded research studies -

TES, CBT4CBT, and ACHESS

Therapeutic Education System (TES)

An interactive, web-based psychosocial intervention for SUDs, grounded in:

Community Reinforcement Approach (CRA) +
Contingency Management Behavior Therapy +
HIV Prevention

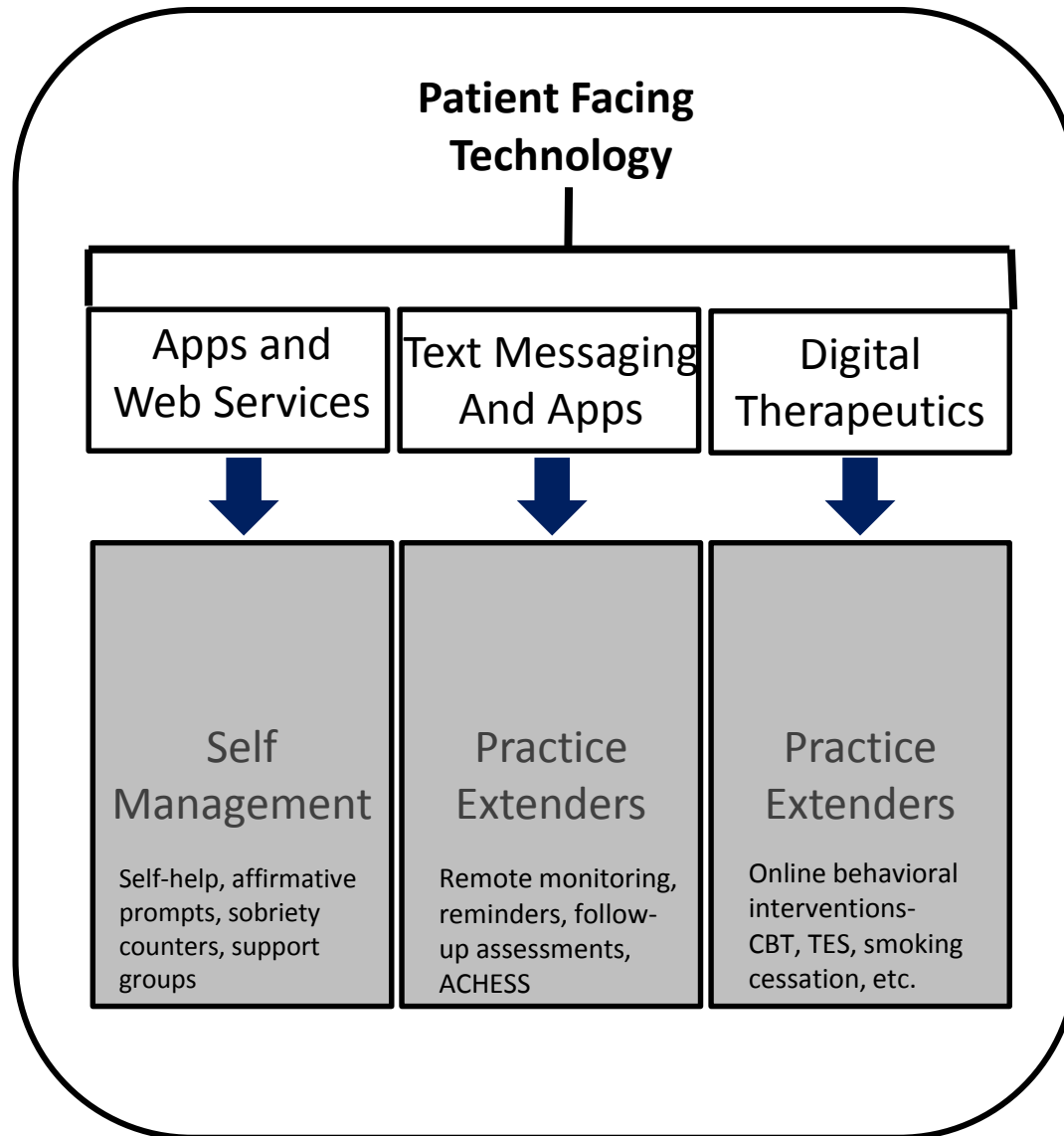
CBT4CBT

- **A computer-based version of cognitive behavioral therapy (CBT)**
- **Designed to use in conjunction with clinical care for current substance users**
- **Multimedia presentation, based on elementary level computer learning games, requires no previous computer experience**

ACHESS



- Monitoring and alerts
- Reminders
- Autonomous motivation
- Assertive outreach
- Care coordination
- Medication reminders
- Peer & family support
- Relaxation
- Locations tracking
- Contact with professionals
- Information



Digital Health Technologies Used in Recovery Support

- **Online Support Groups**
- **Social networks sites**
 - Facebook
 - Instagram
 - Twitter
- **Blogs**
- **Videos**
- **Podcasts**
- **Mobile Apps**

ONLINE & TELEPHONE- BASED GROUP SUPPORT



OSGs have a direct effect on well-being and personal empowerment.



(Tanis, 2007; Barlett & Coulson, 2011)

Online support groups are associated with higher life satisfaction and highly desired by people in distress, reporting positive and relevant interactions.

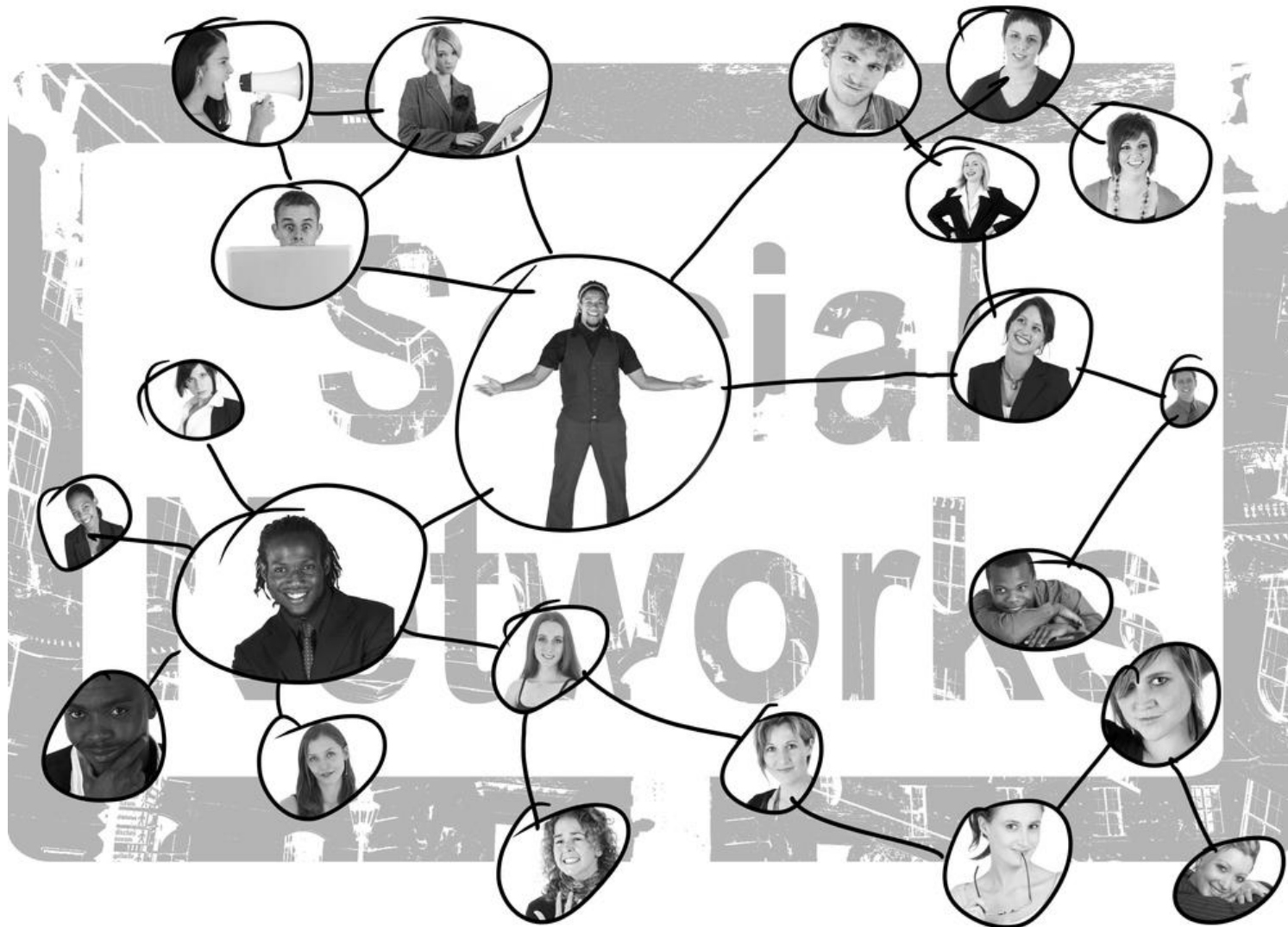
(McColl et al., 2014)



Types of Online Support Groups

- **Videoconferencing** (Zoom/Skype Meetings)
- **Discussion Forums**
- **Live Chat and Designated Chat Rooms**
- **Email**
- **Telephone**

SNS facilitate highly interactive online communities where individuals share, co-create, discuss, and modify user-generated content



Social network site benefits



- Easily accessed across devices
- Allows rapid sharing of resources
- Large reach and engagement
- Common experiences reduce stigma

Facebook

74% of US adults have an account

Facebook has two formats

- fan pages
- groups



Twitter is used by 23% of Americans

- The vast majority of Twitter users (88%) communicate publicly meaning their tweets are viewable by anyone on the Internet.
- Twitter has a *protected account* setting that allows users to communicate privately.



Tweets **669** Following **663** Followers **1,394** Likes **448** Lists **1**

Follow

Alcoholic

@alcoholic

A trusted-source for #alcohol abuse prevention, addiction treatment, and recovery information

United States

Tweets **Tweets & replies** Media



Alcoholic Retweeted
Julia Orlando @little_lamb18 · Jan 31

Replying to @AAC_Tweet

A5 Be nice to yourself; each day life presents a new challenge and we may or may not be equipped yet, but we will be #soberusa

New to Twitter?

Sign up now to get your own personalized timeline!

Sign up



ryanjhampton



1,122 likes

ryanjhampton WOW! Jeremy celebrates 15 YEARS in #recovery from addiction today. Jeremy - thank you for being a voice for our community... more

View all 4 comments

44 MINUTES AGO



dcbigtank



Adam Schefter

13 mins · Facebook Mentions ·



Instagram SNS

ONLINE NARRATIVES



Recovery Blogs

- a type of website started by someone in recovery
- contains entries of personal commentary and discussions on different aspects of addiction recovery
- similar to an online diary
- usually interactive, allowing visitors to make comments and message each other
- helps people connect, learn, and share ideas
- may also feature news or magazine articles

Science supports therapeutic benefits of writing about personal experiences, thoughts, and feelings

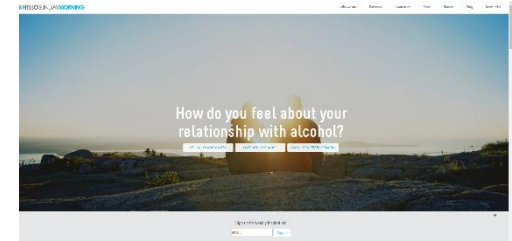
- **Expressive Writing**
 - improves memory and sleep
 - boosts immune systems
 - reduces viral load in AIDS patients
 - speeds healing after surgery

Dear friends, this is why I am not drinking

April 24, 2018

| By Hello Sunday Morning

| 615 words



Dear friends,

You are all wonderful and I am so glad to have you in my life. However, there is just one problem – I need to stop drinking for a while, and I am having a hard time explaining it to you. So, I have put together some expected questions and responses that might make this a bit easier:

Why aren't you drinking?! What's going on?

I am not drinking because the negatives of drinking are outweighing the positives. Negatives (weight gain, low energy, anxiety hangovers, spending money, risky situations, lack of motivation) versus positives (relaxing and unwinding, socialising, feeling glamorous, tasty beer). Most people go through this decision at some point in their life and decide to either cut back or stop for a while, as the negatives are outweighing the positives.

Is this forever? Are you ever going to be able to have fun again?

This is not forever but it is something I am trying for a while. In the meantime, there are lots of other things that I enjoy – and lots of them are much more manageable than drinking (for example, exercise, hobbies, meals out and sober dancing).

Are you going to judge me if we go out together and I'm still drinking?

Definitely not! This is a personal decision and I would be insane if I suddenly decided that everyone in my life needs to stop drinking or change their relationship with alcohol.

Generally, a person decides to stop drinking for a while when it is no longer working for them and they want to try something different – which is the case for me. However, I know that for a lot of people, alcohol is not an issue, and it is something that they enjoy and can have in their lives permanently.

<https://www.hellosundaymorning.org/2018/04/23/dear-friends-not-drinking/>



Apps provide

- Information
- Motivation
- Support
- Feedback



By 2018, an estimated **50%** of the more than **3.4 billion smartphone and tablet users**, including healthcare professionals, consumers, and patients, will have downloaded mHealth apps

Kuersten, 2010

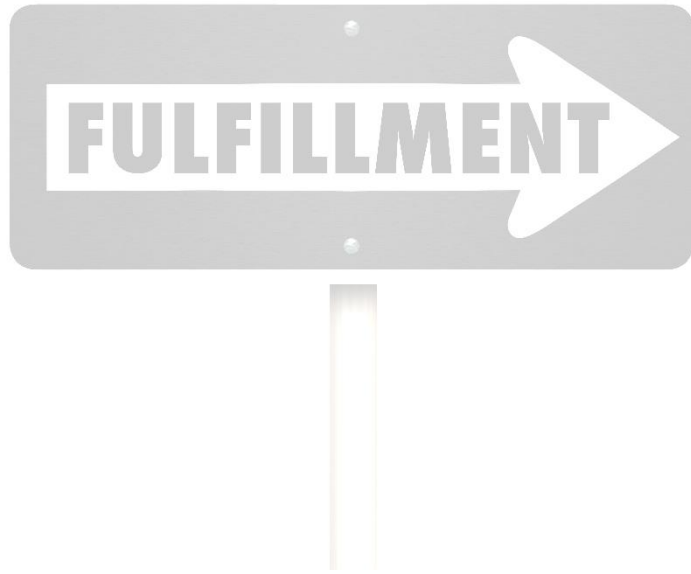


In a national sample of adults who had smartphones or tablets...

- **36%** had mHealth apps on their devices
- Among those with apps, **60%** reported the usefulness of mHealth apps in achieving health behavior goals, **35%** reported their helpfulness for medical care decision-making
- **38%** reported their usefulness in asking their physicians new questions or seeking a second opinion

Digital and mobile technologies hold enormous potential for:

- increasing access to services
- facilitating self-help monitoring
- assessing variations in symptoms and wellness-promoting activities
- increasing health literacy



This potential will be fulfilled only if behavioral health service providers are willing to:

- ★ adopt effective new technologies**
- ★ develop the adequate skills to use them**
- ★ fully support service users**

Learning Objectives

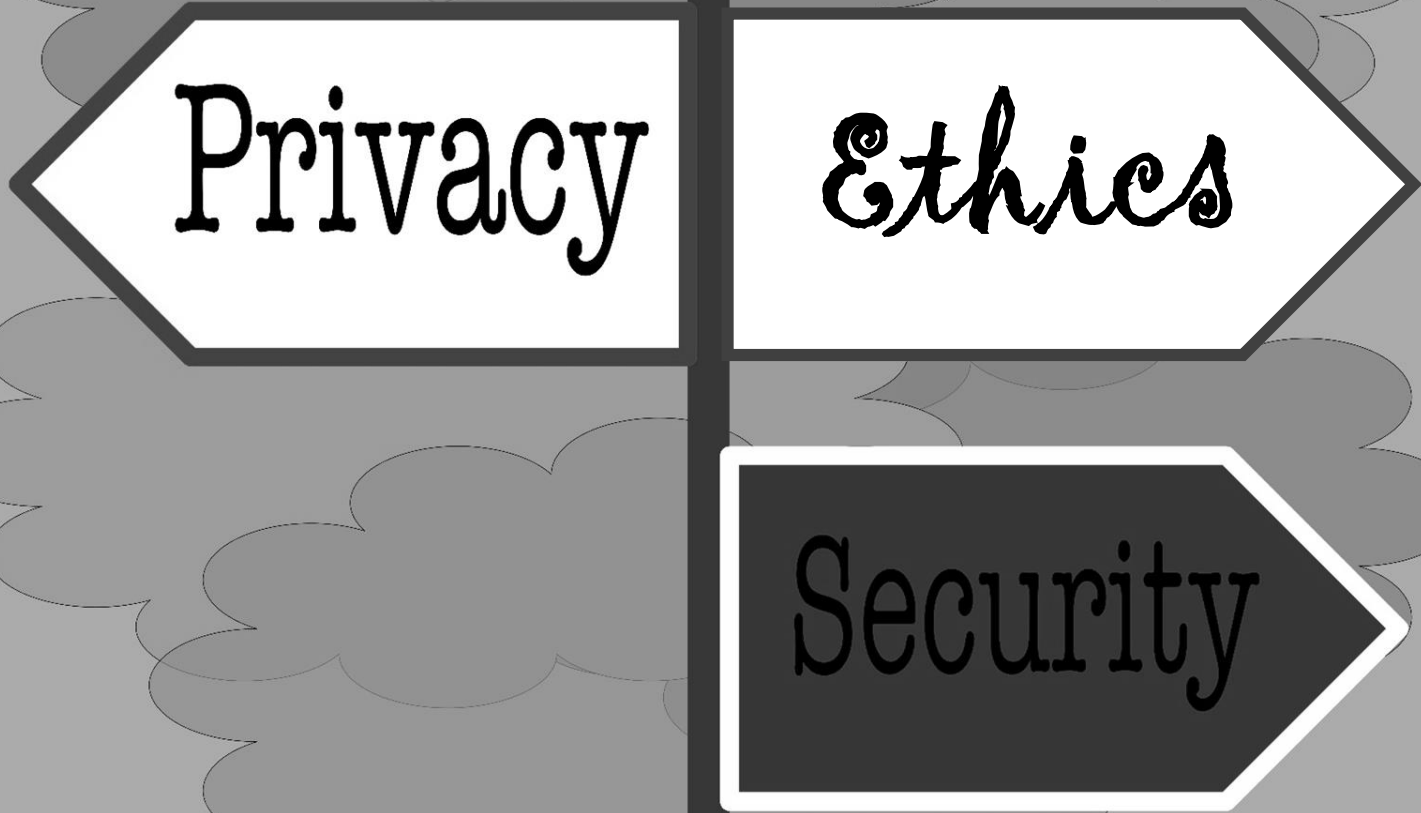
At the end of this learning event participants will be able to:

- Identify three different types of digital health technologies and how these technologies are used by behavioral health professionals and peer support specialists – Week 1**
- Name two privacy/security issues related to digital health technologies and two ethical issues to be aware of related to recommending digital health technologies- Week 2**

Will DHT use change how the provider does business?



“I suppose I’ll be the one to mention the elephant in the room.”



Privacy

Ethics

Security

Issues

Learning Objectives

(continued)

- Describe engagement strategies for patients/peers in early recovery versus those in longer term recovery as it relates to using digital health technologies **Week 3**
- Utilize at least five digital health technologies (apps, websites, podcasts, videos, social media sites) and be prepared to recommend them for use by patients/peers **Week 4**



ENGAGEMENT

Researchers have found that interventions are most effective when people like them, are engaged, and want to continue using them.



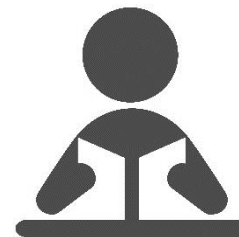
So, maybe your thinking about starting your own online support group or SNS

Next Steps



- **May 31st** Thursday at 12:00pm Central- Tutorial
- **June 5st** Tuesday at 12:00pm Central- Week 1
- **June 12th** Tuesday at 12:00pm Central- Week 2
- **June 19th** Tuesday at 12:00pm Central- Week 3
- **June 26nd** Tuesday at 12:00pm Central- Week 4

Homework every week



Recovery-like attitudes are needed when practitioners adopt digital health technologies

1. rights and responsibilities of people using behavioral health services to manage their own lives including:

- a. **increasing their self-awareness**
- b. **illness management**
- c. **wellness promotion**
- d. **social networking**

As a community of clinicians, stakeholders, and researchers, we need to understand that those in need of care are more technologically savvy than ever before. Many already seek information about their conditions and treatments online or in an app store. It is essential that we adapt our treatment models so that these individuals can benefit from opportunities afforded by emerging technology. Not doing so because of our own preferences and predilections would be a great disservice.